BEST AVAILABLE COPY

PATENT APPLICA ON FEE DETERMINATION RECOF

Effective December 29, 1999

Application or Docket Number

09/581587

| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | | SMALL ENTITY TYPE | | | OTHER THAN OR SMALL ENTITY | |
|--|--|-------------------------------|-----------------------------------|--------------------|--|--|------------------|-----|-------------------|---------------------------------------|----|----------------------------|------------------------|
| FOR | | | NUMBER FILED | | | NUMBER EXTRA | | R | ATE | FEE | 1 | RATE | FEE |
| BASIC FEE | | | | | | | | | | 345.00 | OR | 840 | 690:0 0 |
| TOTAL CLAIMS | | | | minus : | 20= | • | | X | 9= | | OR | X\$18= | |
| | EPENDENT CL | | | minus 3 = * | | | • | | 39= | | OR | X78= | |
| MULTIPLE DEPENDENT CLAIM PRESENT Partially as per Ae-Ama | | | | | | | | +1 | 30= | | OR | +260= | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | | | TAL | | OR | TOTAL | 840 |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | | | SMALL ENTITY | | | OTHER SMALL | |
| ENT A | | CLAIMS REMAINING AFTER | | | HIGHEST NUMBER PREVIOUSL PAID FOR | | PRESENT EXTRA | R/ | ATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| AMENDMENT | Total | * | | Minus | ** | | = | X | 9= | | OR | X\$18= | |
| AME | Independent | • | | Minus ** | | | = | X | 39= | | OR | X78= | |
| | FIRST PRESE | NTATIC | ON OF MU | JLTIPLE DE | ENL | JENT CLAIM | | +1 | 30= | | OR | +260= | _ |
| | | | | | | | | | TOTAL T. FEE | • | OR | TOTAL ADDIT. FEE | |
| | (Column 1) (Column 2) (Column 3) | | | | | | | | | | , | | |
| AMENDMENT B | | CL REM | AIMS IAINING FTER NDMENT | | PF | HIGHEST NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | R/ | NTE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | | Minus | | | = | X | 9= | | OR | X\$18= | |
| | Independent | * | | Minus ULTIPLE DEPE | | DENT OLAIM | = | X | 39= | | OR | X78= | |
| | FIRST PRESE | NIAIR | JN OF MI | JETIPLE DE | PENL | DENT CLAIM | | +1 | 30= | | OR | +260= | |
| | | | | | | | | | OTAL T. FEE | | OR | TOTAL ADDIT. FEE | |
| | | | u <u>mn 1)</u> | | | Column 2) | (Column 3) | | | | | | |
| AMENDMENT C | | CLAIMS REMAINII AFTER AMENDME | | | | HIGHEST NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | RA | ΛTE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | | Minus | ** | | = | X\$ | 9= | | OR | X\$18= | |
| ME | Independent | | | Minus + | | | | X | 39= | | OR | X78= | |
| ٨ | FIRST PRESE | +1 | 30= | | OR | +260= | | | | | | | |
| | If the entry in colu | ımn 1 is | less than th | ne entry in colu | ımn 2 | , write "0" in co | lumn 3. | Щ, | OTAL | · · · · · · · · · · · · · · · · · · · | | TOTAL | |
| ••• | If the "Highest Nu "If the "Highest Nu The "Highest Nu | imbor Di | raviausly P | aid For" IN TH | IS SP | ACE is less tha | an 3. enter "3." | | | propriate box | ' | ADDIT. FEE I umn 1. | |